

APPLICATION FOR RENEWAL OF NOTARY PUBLIC COMMISSION

Date _____

TO: Attorney General
of the State of Hawaii

Pursuant to the provisions of Chapter 456 of the Hawaii Revised Statutes, I hereby apply for a renewal of my commission as a notary public for the State of Hawaii. The fee of \$15.00 is attached hereto.

1. Name _____
2. Residence _____ Res. Phone _____
3. Occupation _____ Bus. Phone _____
4. Employer _____
Business Address _____
Room No. _____ Building _____
No. _____ Street _____ Town/City _____ Zip Code _____
5. Date of Issuance of original commission _____ Date of last renewal _____
6. During the *past four years*:
 - a. Have you lost your United States citizenship _____
 - c. Are you a registered voter of the State? _____
Where registered? _____
 - d. Have you incurred any physical or mental defect or handicap which makes it difficult or impossible for you to perform the duties of a notary public? _____
 - e. Have you been convicted of any violation of the laws of the Country, City and County, State of Federal government? _____
If yes, indicate violation _____
Fine \$ _____ Imprisonment _____ years.
 - f. When did you last file your notarial records? _____
Month and Year
 - g. Has there been any change in your business address? _____
 - h. Has there been any change in your business or employment? _____
If so, state the nature of the change _____

7. State the number of notarial acts you noted in your *notary public record book* in the last fiscal year (July 1 - June 30) _____
8. State the reason and necessity for renewal of your commission _____

9. State the names of all other notaries employed in the office where you work and the volume of notarial acts performed by them during the last fiscal year _____

10. State the names of all other notaries employed in the building where you work? _____

11. Can you read, write and speak a second language with understanding? _____
What is your second language? _____

Dated at _____, State of Hawaii, this _____ day of _____, 19 ____.

(Signature of Applicant)

STATE OF HAWAII)
) SS.
COUNTY OF _____)

_____, being first duly sworn on oath, deposes and says:
(Name of Applicant)
that ___he is the applicant named in the foregoing application; that ___he has read the same and knows the contents thereof; and that the statements therein contained are true of _____ own knowledge.

(Signature of Applicant)

Subscribed and sworn to before me this
____ day of _____, 19____

Notary Public, State of Hawaii

My commission expires::_____